Effective December 29, 1999 Of 586/5													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									MALL E		OR	OTHER SMALL E	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE				13						345.00	OR		690.00
TOTAL CLAIMS			23	minus 2	0= -	3			(\$ 9=	29.00	OR	X\$18=	
INDEPENDENT CLAIMS			Ø minus 3 =			•			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								\f	-130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	OTAL	2011 -	OR	TOTAL	
CLAIMS AS AMENDED - PART II												OTHER	
9,	24.04		mn 1)	Upine Industry and Adaption		olumn 2)	(Column 3)	S	MALL		OR	SMALL	
AMENDMENT A		REMA AF	IIMS IINING TER DMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	3	Minus	**	23	=	;	X\$ 9=		OR	X\$18=	
ME	Independent	• (Minus	***	3	=		X39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEP	END	ENT CLAIM		١,	130=		OR	+260=	
									TOTAL			TOTAL ADDIT, FEE	
		ımn 1)_		AD:	DIT. FEE		7	AUUII. PEE					
AMENDMENT B		CL/ REM/ AF	AIMS AINING TER IDMENT		PR	olumn 2) Highest Number Eviously Paid for	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	·		Minus	***		=		X39=		OR	X78=	
F	FIRST PRESE	NTATIO	N OF MU	JETIPLE DEF	END	ENI CLAIN	T	」	⊦130 =		OR	+260=	
,								L	TOTAL DIT. FEE		1	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									JII. PEC		_	70011.1 CE	
AMENDMENT C		CL REM. AF	AIMS AINING TER IDMENT		I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	ÌΓ	RATE	ADDI- TIONAL FEE		ŖATE	ADDI- TIONAL FEE
	Total			Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	·		Minus	•••		=	╽┞	X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-130 =		OR	+260=	
<u> </u> :	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 										OR	TOTAL	
	If the "Highest Nu "If the "Highest Nu The "Highest Nun	mhar Dr	wiewely P	aid For IN TH	IS SPA	ACF is less th	ian 3. enter "3."		DIT. FEE In the ap	propriate bç		ADDIT. FEE	
								_					

FORM PTO-875

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000-463-433/29044

Application or Docket Number